

Alert to business entities regarding unsolicited mailings from VIRGINIA COUNCIL CORPORATIONS or ANNUAL BUSINESS SERVICES is available from the Bulletin Board link of the Clerk's Office website.

NOTE: The Clerk's Information System (CIS) and SCC eFile will be unavailable from 12:00 a.m. until 12:00 p.m., Saturday, July 11, 2015. We apologize for the inconvenience and thank you for your patience.

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CISM0180

CORPORATE DATA INQUIRY

07/07/15

13:18:08

CORP ID: 0504238 - 7 STATUS: 00 ACTIVE STATUS DATE: 05/31/11
CORP NAME: Overseas Pan-Korean Center

DATE OF CERTIFICATE: 06/09/1998 PERIOD OF DURATION: INDUSTRY CODE: 00
STATE OF INCORPORATION: VA VIRGINIA STOCK INDICATOR: N NON-STOCK
MERGER IND: CONVERSION/DOMESTICATION IND:
GOOD STANDING IND: Y MONITOR INDICATOR:
CHARTER FEE: 50.00 MON NO: MON STATUS: MONITOR DTE:
R/A NAME: JUNG WOO LEE

STREET: 10527 BELMONT BLVD

AR RTN MAIL:

CITY: LORTON

STATE : VA ZIP: 22079-0000

R/A STATUS: 1 DIRECTOR EFF. DATE: 05/13/99 LOC : 129

ACCEPTED AR#: 215 09 0955 DATE: 05/26/15 FAIRFAX COUNTY

CURRENT AR#: 215 09 0955 DATE: 05/26/15 STATUS: A ASSESSMENT INDICATOR: 0

YEAR	FEES	PENALTY	INTEREST	TAXES	BALANCE	TOTAL SHARES
15	25.00					

(Screen Id:/Corp_Data_Inquiry)

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Commonwealth of Virginia
State Corporation Commission

S
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CISM3050

REGISTERED AGENT INQUIRY

07/07/15

13:18:58

CORP ID: 0504238 - 7 CORP STATUS: 00 ACTIVE
 CORP NAME: Overseas Pan-Korean Center

CURRENT REGISTERED AGENT:

NAME: JUNG WOO LEE
 STREET: 10527 BELMONT BLVD

CITY: LORTON STATE: VA ZIP: 22079-0000
 STATUS: 1 DIRECTOR EFF DATE: 05/13/99 LOC: 129 FAIRFAX COUNTY

OLD REGISTERED AGENT:

NAME: JUNG WOO
 STREET: 3639 MALIBU CIRCLE #112

CITY: FALLS CHURCH STATE: VA ZIP: 22041-0000
 STATUS: 1 DIRECTOR EFF DATE: 06/09/98 LOC: 129 FAIRFAX COUNTY

(Screen Id:/Corp_Registered_Agent_Inquiry)

Crowther, Joan (DEQ)

From: Jeff Sledjeski [jsledjeski@hotmail.com]
Sent: Friday, February 20, 2015 11:39 AM
To: Crowther, Joan (DEQ); Bill Sledjeski
Subject: RE: VA0090026, Young Kim Sewage Treatment Plant Comment Letter
Attachments: Young Kim STP Paperwork.pdf

Joan,

Attached is the package that Bill prepared with your requested revisions. Please feel free to call or email me or Bill with any questions or comments.

Jeff

Jeff Sledjeski, OSE
Soil Tech, Inc.
14630-F Flint Lee Road
Chantilly, VA 20151
Phone: (703) 631-9647
Fax: (703) 631-2156
"Stercus Accidit"

From: Joan.Crowther@deq.virginia.gov
To: jsledjeski@hotmail.com; bill@soiltechinc.com
Subject: RE: VA0090026, Young Kim Sewage Treatment Plant Comment Letter
Date: Wed, 18 Feb 2015 20:34:42 +0000

Thanks...

From: Jeff Sledjeski [mailto:jsledjeski@hotmail.com]
Sent: Wednesday, February 18, 2015 3:34 PM
To: Crowther, Joan (DEQ); Bill Sledjeski
Subject: RE: VA0090026, Young Kim Sewage Treatment Plant Comment Letter

Joan,

Bill is working on it now. I will have him contact you directly with any questions.

Jeff

Jeff Sledjeski, OSE
Soil Tech, Inc.
14630-F Flint Lee Road

Chantilly, VA 20151
Phone: (703) 631-9647
Fax: (703) 631-2156
"Stercus Accidit"

From: Joan.Crowther@deq.virginia.gov
To: jsledjeski@hotmail.com; jeff@soiltechinc.com
Subject: FW: VA0090026, Young Kim Sewage Treatment Plant Comment Letter
Date: Wed, 18 Feb 2015 20:31:49 +0000
Hi Jeff,

Just checking in.. Hopefully you received my email requesting additional information. Let me know if you have any questions.

Thanks,

Joan

Joan C. Crowther
VPDES Permit Writer
VA Department of Environmental Quality
13901 Crown Court
Woodbridge, VA 22193
703-583-3925
fax 703-583-3821
joan.crowther@deq.virginia.gov

From: Crowther, Joan (DEQ)
Sent: Thursday, February 05, 2015 12:00 PM
To: 'jsledjeski@hotmail.com'; 'Jeff Sledjeski'
Subject: VA0090026, Young Kim Sewage Treatment Plant Comment Letter

Hi Jeff,

Please find attached my letter dated February 5, 2015 explaining what additional information we need to process this VPDES Permit Application. I have attached your VPDES Permit Application documents plus the VPDES Permit Application Addendum form that need to be completed and submitted.

Please let me know if you have any questions.

Thanks,

Joan

Joan C. Crowther
VPDES Permit Writer
VA Department of Environmental Quality
13901 Crown Court
Woodbridge, VA 22193
703-583-3925
fax 703-583-3821
joan.crowther@deq.virginia.gov

From: jsledjeski@hotmail.com [mailto:jsledjeski@hotmail.com] **On Behalf Of** Jeff Sledjeski
Sent: Wednesday, February 04, 2015 2:37 PM
To: Crowther, Joan (DEQ); Bill Sledjeski
Subject: FW: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

Ms. Crowther,

Copies of signed forms are attached. I have also attached a DMR report for last year. Please feel free to call or email me or Bill with any questions or comments.

Jeff

Jeff Sledjeski, OSE
Soil Tech, Inc.
14630-F Flint Lee Road
Chantilly, VA 20151
Phone: (703) 631-9647
Fax: (703) 631-2156
"Stercus Accidit"

To: Joan.Crowther@deq.virginia.gov
Subject: Re: VA0090026, Young J. Kim VPDES Permit Application Reminder letter
From: wsledjeski@aol.com
CC: jeff@soiltechinc.com; bill@soiltechinc.com
Date: Tue, 27 Jan 2015 10:27:12 -0500

Joan -

I had a response from a representative for Y.J. Kim and they wish to keep the permit current however they wanted to know if the name can be changed. I will forward the forms ASAP.

Bill S.

William F. Sledjeski, CPSS, OSE
Soil Tech Inc.
14630-F Flint Lee Rd.
Chantilly, VA 20151
703-631-9647

-----Original Message-----

From: Crowther, Joan (DEQ) (DEQ) <Joan.Crowther@deq.virginia.gov>
To: William F. Sledjeski <wsledjeski@aol.com>
Sent: Fri, Jan 23, 2015 10:04 am
Subject: RE: VA0090026, Young J. Kim VPDES Permit Application Reminder letter
Hi Bill,

Thank you very much!

Joan

From: William F. Sledjeski [<mailto:wsledjeski@aol.com>]
Sent: Friday, January 23, 2015 9:54 AM
To: Crowther, Joan (DEQ)
Subject: Re: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

Joan

Thank you for the update. I haven't been in contact with Y.J. Kim since 2012 and am not certain of the property or permit status. I will forward this information to an email address that may be helpful and respond back.

Bill S.

*William F. Sledjeski, PSS, AOSE
Soil Tech Inc.
14630-F Flint Lee Rd.
Chantilly, VA 20151
703-631-9647*

-----Original Message-----

From: Crowther, Joan (DEQ) (DEQ) <Joan.Crowther@deq.virginia.gov>
To: wsledjeski <wsledjeski@aol.com>
Sent: Thu, Jan 22, 2015 3:28 pm
Subject: VA0090026, Young J. Kim VPDES Permit Application Reminder letter
Hi Bill,

The purpose of this email is to see if you are still the contact person for the Overseas Pan-Korean Center. The current VPDES Permit No. VA0090026 for the proposed wastewater treatment plant expires May 16, 2015. The VPDES Permit application for the reissuance of this permit was due November 17, 2014. The attached reminder letter was mailed to Mr. Kim on May 28, 2014. We have yet to receive the VPDES Permit Reissuance Application. If the proposed wastewater treatment plant is no longer needed, then the existing permit can be allowed to expire. However, if the intent is to still build the wastewater treatment plant, then the VPDES Permit Reissuance Application needs to be submitted now.

Please let me know if you are still the contact person for this facility and if you can help me with the submittal of the permit application.

Your attention in this matter is greatly appreciated.

Joan

Joan C. Crowther
VPDES Permit Writer
VA Department of Environmental Quality
13901 Crown Court
Woodbridge, VA 22193
703-583-3925
fax 703-583-3821
joan.crowther@deq.virginia.gov

MEMO

SOIL TECH INC
14630-F FLINT LEE RD.
CHANTILLY, VA 20151
703-631-9647

TO: JOAN C. CROWTHER
FROM: WILLIAM E SLEDJESKI
CC:
DATE: 2/18/15
RE: YOUNG J KIM VPDES PERMIT NO. VA0090026

Joan-

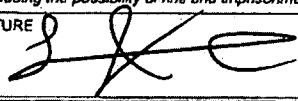
Attached are updated copies of the reissuance application. Please review for completion.

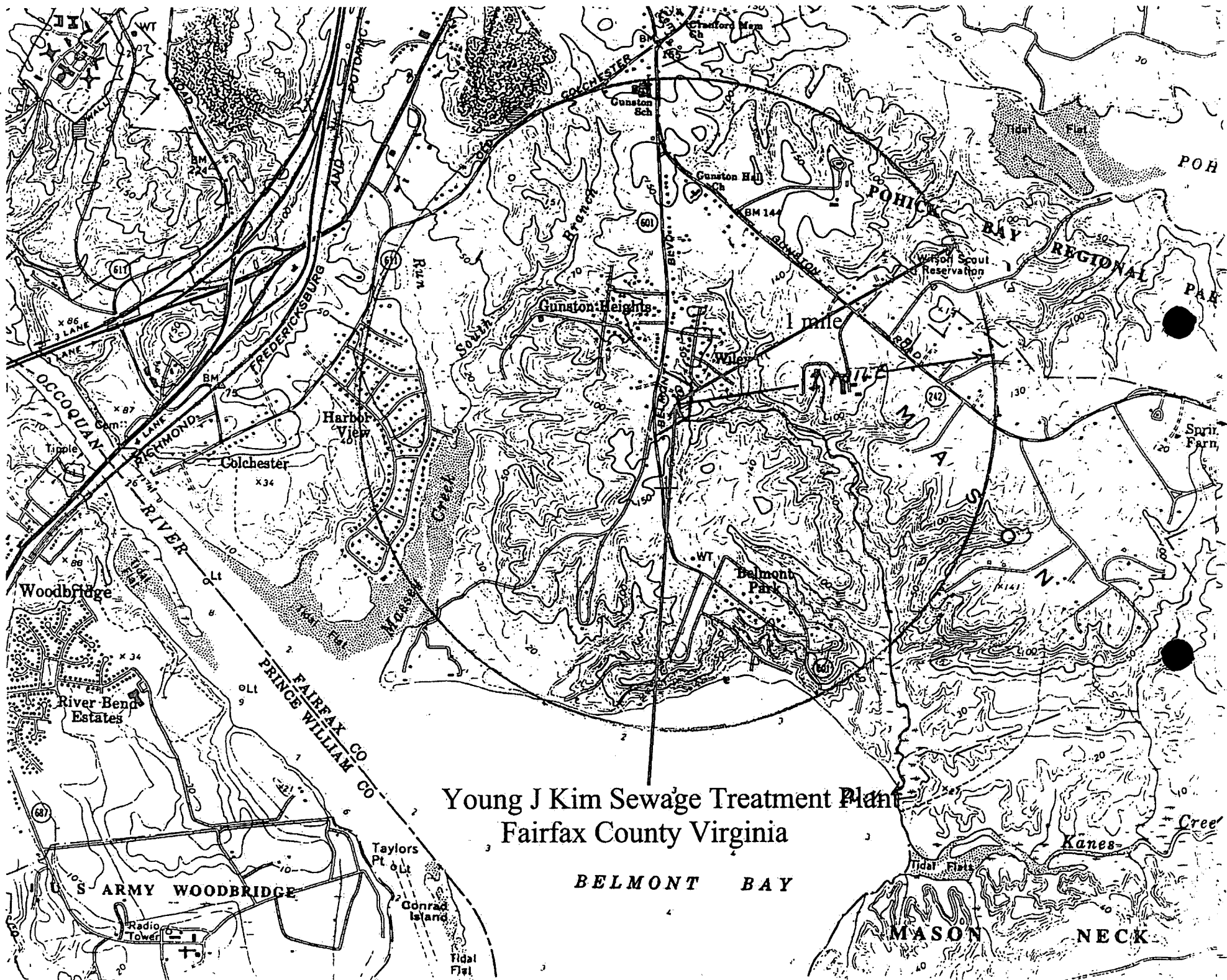
Thanks,

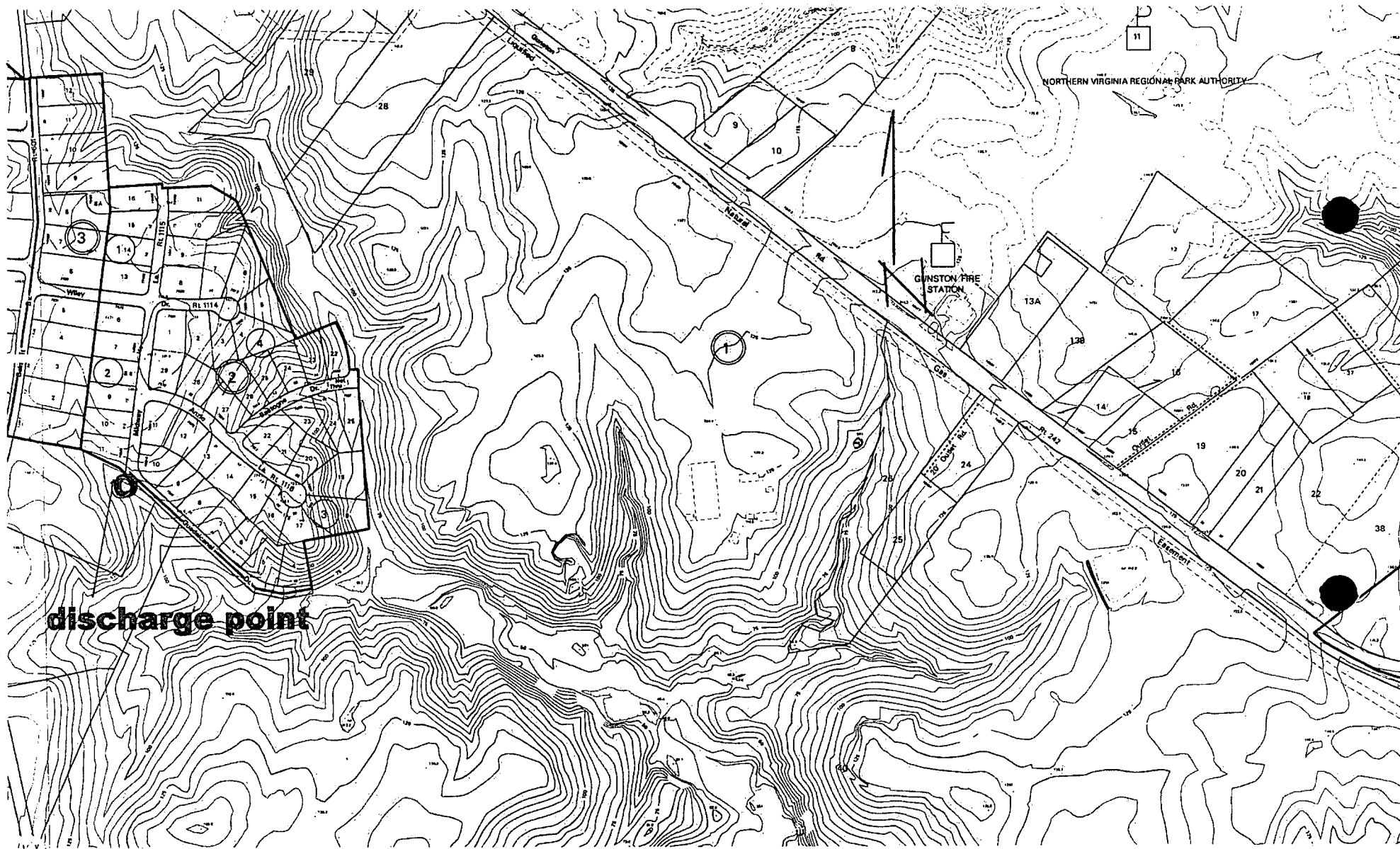
Bill Sledjeski

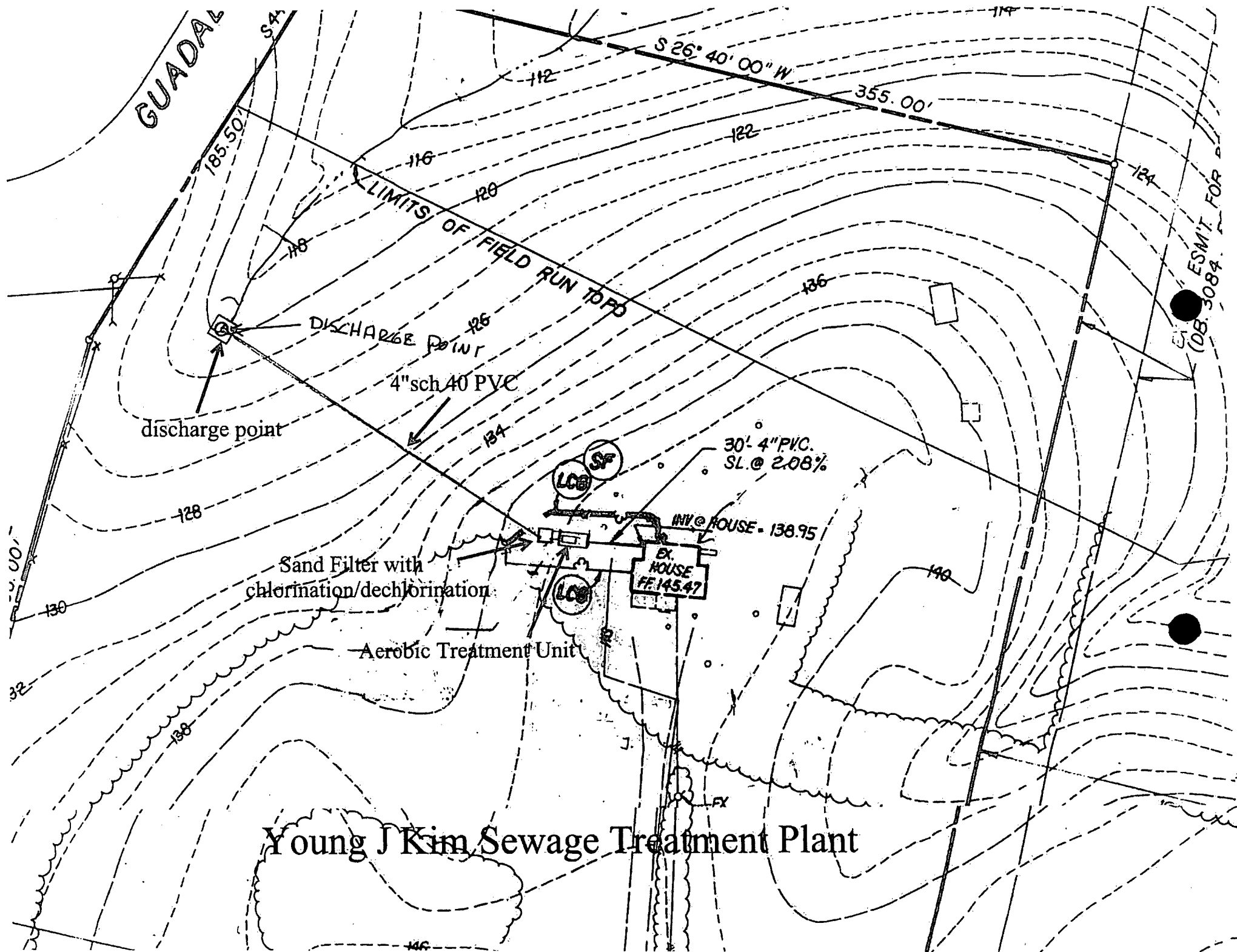
FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .					
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)
		16	17	18	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S. ? (FORM 2D)
		22	23	24	
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)			X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water ? (FORM 4)
		28	29	30	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
		34	35	36	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
		40	41	42	
III. NAME OF FACILITY					
1 SKIP Young J Kim Sewage Treatment Plant					
15 16 - 29 30 69					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
2 Jung Woo Lee					
15 16 45 46 48 49 51 52 55					
B. PHONE (area code & no.)					
(571) 723-6141					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 10527 Belmont Boulevard					
15 16 45					
B. CITY OR TOWN					
4 Lorton					
15 16 40 41 42 47 51					
C. STATE					
VA					
D. ZIP CODE					
22079					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 10527 Belmont Boulevard					
15 16 45					
B. COUNTY NAME					
Fairfax					
46 70					
C. CITY OR TOWN					
6 Lorton					
15 16 40 41 42 47 51 52 54					
D. STATE					
VA					
E. ZIP CODE					
22079					
F. COUNTY CODE (if known)					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)									
A. FIRST					B. SECOND				
7	4	9	5	2	(specify) none	7			(specify)
C. THIRD					D. FOURTH				
7					(specify)	7			(specify)
VIII. OPERATOR INFORMATION									
A. NAME									B. Is the name listed in Item VIII-A also the owner?
Jung Woo Lee									<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify)									
F = FEDERAL			M = PUBLIC (other than federal or state)			P			(specify)
S = STATE			O = OTHER (specify)						
P = PRIVATE									
D. PHONE (area code & no.)									
A (571) 723-6141									
E. STREET OR P.O. BOX									
10527 Belmont Boulevard									
F. CITY OR TOWN									
B Lorton									
G. STATE		H. ZIP CODE		IX. INDIAN LAND					
VA		22079		Is the facility located on Indian lands?					
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
9	N				9	P			
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)				
9	U				VA0090026 (specify) VPDES				
C. RCRA (Hazardous Wastes)					E. OTHER (specify)				
9	R				(specify)				
XI. MAP									
<p>Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.</p>									
XII. NATURE OF BUSINESS (provide a brief description)									
Single Family Residential									
XIII. CERTIFICATION (see instructions)									
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p>									
A. NAME & OFFICIAL TITLE (type or print)					B. SIGNATURE			C. DATE SIGNED	
Jung Woo Lee, Owner								01/27/2015	
COMMENTS FOR OFFICIAL USE ONLY									
C									







Young J Kim Sewage Treatment Plant

FORM
2A
NPDES**NPDES FORM 2A APPLICATION OVERVIEW****APPLICATION OVERVIEW**

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow \geq 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION**PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:****All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.****A.1. Facility Information.**Facility name Kim Young J Sewage Treatment PlantMailing Address 10527 Belmont Boulevard, Lorton, VA 22079Contact person Jung Woo LeeTitle AgentTelephone number (571) 723-6141Facility Address 10527 Belmont Boulevard, Lorton, VA 22079

(not P.O. Box) _____

A.2. Applicant Information. If the applicant is different from the above, provide the following:Applicant name Overseas Pan-Korean CenterMailing Address Same as AboveContact person Jung Woo LeeTitle ChairpersonTelephone number (571) 723-6141**Is the applicant the owner or operator (or both) of the treatment works?**

owner



operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.



facility

☐ applicant**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES _____

UIC _____

RCRA _____

PSD _____

Other VPDES VA0090026

Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>10527 Belmont Boulevard</u>	<u>12</u>	<u>Separate</u>	<u>Private</u>
_____	_____	_____	_____
_____	_____	_____	_____

Total population served 12

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- .0009
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>	
b. Annual average daily flow rate	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	mgd
c. Maximum daily flow rate	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer _____ %

☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the headworks) _____

v. Other _____

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: N/A

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name: N/A

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility.

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

Yes

No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method

continuous or

intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 10527 Belmont Boulevard
- b. Location Lorton 22079
(City or town, if applicable) (Zip Code)
Fairfax VA
(County) (State)
38 degrees 40' 12" N 77 degrees 12' 32" W
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate See Attachment VPDES Basis mgd
- f. Does this outfall have either an intermittent or a periodic discharge? ☒ Yes ☐ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: 365
- Average duration of each discharge: < 1 hour
- Average flow per discharge: .0009 mgd
- Months in which discharge occurs: ALL
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Occoquan River (Belmont Bay)
- b. Name of watershed (if known) N/A
- United States Soil Conservation Service 14-digit watershed code (if known): N/A
- c. Name of State Management/River Basin (if known): N/A
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A
- d. Critical low flow of receiving stream (if applicable):
acute N/A cfs chronic N/A cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO₃

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☐ Primary ☐ Secondary
☒ Advanced ☐ Other. Describe: ATU to Sand Filter to Chlorinator/Dechlorinator

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal > 96 %
Design SS removal > 95 %
Design P removal 0.18 mg/L (Limitation) %
Design N removal > 96 %
Other Dissolved O 5 mg/L (Limitation) %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

ChlorinationIf disinfection is by chlorination, is dechlorination used for this outfall? ☒ Yes ☐ No

- d. Does the treatment plant have post aeration?

☐ Yes ☒ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: _____

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6	s.u.			
pH (Maximum)	9	s.u.			
Flow Rate	.0009	MGD	.0009	MGD	1/3M
Temperature (Winter)	N/A				
Temperature (Summer)	N/A				

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	7.5	mg/L				
	CBOD-5	N/A		7.5	mg/L	1/3m	
FECAL COLIFORM		N/A					
TOTAL SUSPENDED SOLIDS (TSS)		N/A		9.0	mg/L	1/3m	

END OF PART A.**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Jung Woo Lee

Signature 

Telephone number (571) 723-6141

Date signed 01/27/2015

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

ERMITTEE NAME/ADDRESS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

NAME Kim Young J Sewage Treatment Plant
ADDRESS 10527 Belmont Blvd
Lorton VA 22079
ACILITY 10527 Belmont Blvd
LOCATION

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0090026			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2014	1	1	TO 2014	12	31

FROM

Municipal Minor 05/10/2004

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Va. Regional Office
13901 Crown Court

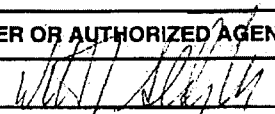
Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMN1	0.0009	NL	MGD	*****	*****	*****		0	1/3M	EST
002 PH	REPORTD	*****	*****			*****					
	REQRMN1	*****	*****		6.0	*****	9.0	SU	0	1/3M	GRAB
004 TSS	REPORTD				*****						
	REQRMN1	0.02	0.03	KG/D	*****	6.0	9.0	MG/L	0	1/3M	GRAB
007 DO	REPORTD	*****	*****			*****	*****				
	REQRMN1	*****	*****		5.0	*****	*****	MG/L	0	1/3M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD				*****						
	REQRMN1	0.0006	0.0009	KG/D	*****	0.18	0.27	MG/L	0	1/3M	GRAB
120 E.COLI	REPORTD	*****	*****		*****	*****					
	REQRMN1	*****	*****		*****	*****	235	N/CML	0	1/3M	GRAB
157 CL2, TOTAL CONTACT	REPORTD	*****	*****			*****	*****				
	REQRMN1	*****	*****		1.0	*****	*****	MG/L	0	1/3M	GRAB
159 CBOD5	REPORTD				*****						
	REQRMN1	0.02	0.03	KG/D	*****	5.0	7.5	MG/L	0	1/3M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

NOT BUILT - NO DISCHARGE

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE					
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY			
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE					
				William F. Sledjeski		703-631-9647	2015	01	27			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY			

WASTE NAME/ADDRESS (INCLUDE
WASTE NAME/LOCATION IF DIFFERENT)

WASTE: Kim Young J Sewage Treatment Plant
ADDRESS: 10527 Belmont Blvd
Location: Lorton VA 22079
WASTE NAME/LOCATION: 10527 Belmont Blvd
LOCATION: Lorton

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

VA0090026			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2014	1	1	2014	12	31

Municipal Minor 05/10/2004

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Va. Regional Office
13901 Crown Court

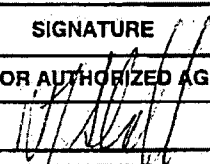
Woodbridge VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	REPORTD				*****	*****	*****				
	REQRMN1	0.0009	NL	MGD	*****	*****	*****		0	1/3M	EST
PH	REPORTD	*****	*****			*****					
	REQRMN1	*****	*****		6.0	*****	9.0	SU	0	1/3M	GRAB
TSS	REPORTD				*****						
	REQRMN1	0.02	0.03	KG/D	*****	6.0	9.0	MG/L	0	1/3M	GRAB
DO	REPORTD	*****	*****			*****	*****				
	REQRMN1	*****	*****		5.0	*****	*****	MG/L	0	1/3M	GRAB
PHOSPHORUS, TOTAL P	REPORTD				*****						
	REQRMN1	0.0006	0.0009	KG/D	*****	0.18	0.27	MG/L	0	1/3M	GRAB
E. COLI	REPORTD	*****	*****		*****	*****					
	REQRMN1	*****	*****		*****	*****	235	N/CML	0	1/3M	GRAB
CL2, TOTAL CONTACT	REPORTD	*****	*****			*****	*****				
	REQRMN1	*****	*****		1.0	*****	*****	MG/L	0	1/3M	GRAB
CBOD5	REPORTD				*****						
	REQRMN1	0.02	0.03	KG/D	*****	5.0	7.5	MG/L	0	1/3M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

NOT BUILT - NO DISCHARGE

ASSESSES AND APPROVES	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE					
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY			
<p>NOTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE, IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1365 (Penalties under these statutes may include fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.)</p>				William F. Sledjeski		703-631-9647	2015	01	27			
				TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY			

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 - Sludge Disposal Management (To be completed by all facilities)

Facility Name: Young J Kim STP

VPDES Permit No: 90026

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name

Norman M. Cole PCP

b. Receiving Facility VPDES Permit No.

NPDES VA 0025364

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge unknown

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name

b. Landfill Permit No.

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☒ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name

c. Air Registration No.

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☒ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the

☐ Yes ☒ No

VDACS certification number? _____

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☐ Yes ☒ No

Are Class B biosolids from your facility land applied land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☒ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name

b. Permit No.

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

Not Applicable

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☒ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☒ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☒ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☒ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☒ No

If no, provide the data with this application.

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form - Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☒ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☒ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☒ No
 - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title Jung Woo Lee

Signature

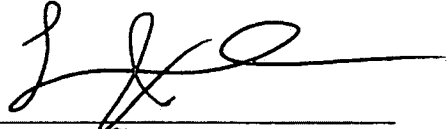
Telephone number / Email (571) 723-6141

Date signed 01/27/2015

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Virginia Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

Agent/Department to be billed:	Jung Woo Lee
Owner:	Jung Woo Lee
Applicant's Address:	10527 Belmont Boulevard
	Lorton, VA 22079
Agent's Telephone Number:	571-723-6141
Authorizing Agent:	 Signature

VPDES Permit VA0090026
Young J. Kim STP

Please return to:

Joan C. Crowther
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703)583-3821

Crowther, Joan (DEQ)

From: jsledjeski@hotmail.com on behalf of Jeff Sledjeski [jeff@soiltechinc.com]
Sent: Wednesday, February 04, 2015 2:37 PM
To: Crowther, Joan (DEQ); Bill Sledjeski
Subject: FW: VA0090026, Young J. Kim VPDES Permit Application Reminder letter
Attachments: DMR-KIM2014.pdf; Signed 2015 EPAForm3510-1.pdf; Signed 2015 EPAForm3510-2A.pdf; Signed 2015 Public Notice.pdf; Signed 2015 VPDESReissuanceSewageSludgePermitApplicationForm.pdf

Ms. Crowther,

Copies of signed forms are attached. I have also attached a DMR report for last year. Please feel free to call or email me or Bill with any questions or comments.

Jeff

Jeff Sledjeski, OSE
Soil Tech, Inc.
14630-F Flint Lee Road
Chantilly, VA 20151
Phone: (703) 631-9647
Fax: (703) 631-2156
"Stercus Accidit"

To: Joan.Crowther@deq.virginia.gov
Subject: Re: VA0090026, Young J. Kim VPDES Permit Application Reminder letter
From: wsledjeski@aol.com
CC: jeff@soiltechinc.com; bill@soiltechinc.com
Date: Tue, 27 Jan 2015 10:27:12 -0500

Joan -

I had a response from a representative for Y.J. Kim and they wish to keep the permit current however they wanted to know if the name can be changed. I will forward the forms ASAP.

Bill S.

William F. Sledjeski, CPSS, OSE
Soil Tech Inc.
14630-F Flint Lee Rd.
Chantilly, VA 20151
703-631-9647

-----Original Message-----

From: Crowther, Joan (DEQ) (DEQ) <Joan.Crowther@deq.virginia.gov>
To: William F. Sledjeski <wsledjeski@aol.com>
Sent: Fri, Jan 23, 2015 10:04 am
Subject: RE: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

Hi Bill,

Thank you very much!

Joan

From: William F. Sledjeski [<mailto:wsledjeski@aol.com>]
Sent: Friday, January 23, 2015 9:54 AM
To: Crowther, Joan (DEQ)
Subject: Re: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

Joan

Thank you for the update. I haven't been in contact with Y.J. Kim since 2012 and am not certain of the property or permit status. I will forward this information to an email address that may be helpful and respond back.

Bill S.

*William F. Sledjeski, PSS, AOSE
Soil Tech Inc.
14630-F Flint Lee Rd.
Chantilly, VA 20151
703-631-9647*

-----Original Message-----

From: Crowther, Joan (DEQ) (DEQ) <Joan.Crowther@deq.virginia.gov>
To: wsledjeski@aol.com
Sent: Thu, Jan 22, 2015 3:28 pm
Subject: VA0090026, Young J. Kim VPDES Permit Application Reminder letter
Hi Bill,

The purpose of this email is to see if you are still the contact person for the Overseas Pan-Korean Center. The current VPDES Permit No. VA0090026 for the proposed wastewater treatment plant expires May 16, 2015. The VPDES Permit application for the reissuance of this permit was due November 17, 2014. The attached reminder letter was mailed to Mr. Kim on May 28, 2014. We have yet to receive the VPDES Permit Reissuance Application. If the proposed wastewater treatment plant is no longer needed, then the existing permit can be allowed to expire. However, if the intent is to still build the wastewater treatment plant, then the VPDES Permit Reissuance Application needs to be submitted now.

Please let me know if you are still the contact person for this facility and if you can help me with the submittal of the permit application.

Your attention in this matter is greatly appreciated.

Joan

Joan C. Crowther
VPDES Permit Writer
VA Department of Environmental Quality
13901 Crown Court
Woodbridge, VA 22193

703-583-3925
fax 703-583-3821
joan.crowther@deq.virginia.gov

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Virginia Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

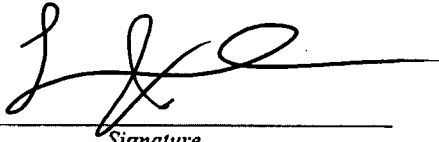
Agent/Department to be billed: Jung Woo Lee

Owner: Jung Woo Lee

Applicant's Address: 10527 Belmont Boulevard

Lorton, VA 22079

Agent's Telephone Number: 571-723-6141

Authorizing Agent: 
Signature

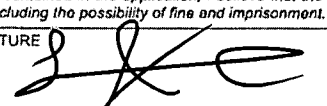
VPDES Permit VA0090026
Young J. Kim STP

Please return to:

Joan C. Crowther
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703)583-3821

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER		T/A		C			
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS		13		14			
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.							
III. FACILITY NAME											
V. FACILITY MAILING ADDRESS											
VI. FACILITY LOCATION											
II. POLLUTANT CHARACTERISTICS											
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.											
SPECIFIC QUESTIONS			Mark "X"			SPECIFIC QUESTIONS			Mark "X"		
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)			YES	NO	FORM ATTACHED	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)			YES	NO	FORM ATTACHED
				X						X	
			16	17	18				19	20	21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S. ? (FORM 2D)			X		
			22	23	24				25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)				X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)				X	
			28	29	30				31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)				X	
			34	35	36				37	38	39
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				X	
			40	41	42				43	44	45
III. NAME OF FACILITY											
1 SKIP Young J Kim Sewage Treatment Plant											
15 16 - 29 30 69											
IV. FACILITY CONTACT											
A. NAME & TITLE (last, first, & title)											
2 Jung Woo Lee											
15 16 45 46 48 49 51 52 55											
B. PHONE (area code & no.)											
(571) 723-6141											
V. FACILITY MAILING ADDRESS											
A. STREET OR P.O. BOX											
3 10527 Belmont Boulevard											
15 16 45											
B. CITY OR TOWN											
4 Lorton											
15 16 40 41 42 47 51											
C. STATE											
VA											
D. ZIP CODE											
22079											
VI. FACILITY LOCATION											
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER											
5 10527 Belmont Boulevard											
15 16 45											
B. COUNTY NAME											
Fairfax											
46 70											
C. CITY OR TOWN											
6 Lorton											
15 16 40 41 42 47 51 52 54											
D. STATE											
VA											
E. ZIP CODE											
22079											
F. COUNTY CODE (if known)											

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)										
A. FIRST					B. SECOND					
C	7	4	9	5	2	(specify)	WCTP	C	7	(specify)
15	16	17	18	19	20	21	22	23	24	25
C. THIRD					D. FOURTH					
C	7	(specify)			C	7	(specify)			
15	16	17	18	19	20	21	22	23	24	25
VIII. OPERATOR INFORMATION										
A. NAME										
C	8	J	u	n	g	W	o	L	e	e
15	16	17	18	19	20	21	22	23	24	25
B. Is the name listed in Item VIII-A also the owner?										
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify)										
F = FEDERAL S = STATE P = PRIVATE					M = PUBLIC (other than federal or state) O = OTHER (specify)					
					P (specify)					
					50					
D. PHONE (area code & no.)										
A					(571) 723-6141					
					15 16 17 18 19 20 21 22 23 24 25					
E. STREET OR P.O. BOX										
10527 Belmont Boulevard										
26 27 28 29 30 31 32 33 34 35 36										
F. CITY OR TOWN										
B Lorton										
15 16 17 18 19 20 21 22 23 24 25										
G. STATE		H. ZIP CODE		IX. INDIAN LAND						
VA		22079		Is the facility located on Indian lands?						
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
				52						
X. EXISTING ENVIRONMENTAL PERMITS										
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)					
C	9	N			C	9	P			
15	16	17	18	19	20	21	22	23	24	25
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)					
C	9	U			C	9				
15	16	17	18	19	20	21	22	23	24	25
					VA0090026 (specify) VPDES					
C. RCRA (Hazardous Wastes)					E. OTHER (specify)					
C	9	R			C	9				
15	16	17	18	19	20	21	22	23	24	25
					(specify)					
XI. MAP										
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.										
XII. NATURE OF BUSINESS (provide a brief description)										
Single Family Residential										
XIII. CERTIFICATION (see instructions)										
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.										
A. NAME & OFFICIAL TITLE (type or print)					B. SIGNATURE			C. DATE SIGNED		
Jung Woo Lee, Owner								01/27/2015		
COMMENTS FOR OFFICIAL USE ONLY										
C										
15	16	17	18	19	20	21	22	23	24	25

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 – Sludge Disposal Management (To be completed by all facilities)

Facility Name: Young J Kim STP

VPDES Permit No: 90026

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☐ Yes ☒ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name _____

b. Receiving Facility VPDES Permit No. _____

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge _____

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name _____

b. Landfill Permit No. _____

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☒ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name _____

c. Air Registration No. _____

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☒ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the

☐ Yes ☒ No

VDACS certification number? _____

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☐ Yes ☒ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☒ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name _____

b. Permit No. _____

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☒ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☒ No
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☒ No
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☒ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☒ No
If no, provide the data with this application. _____

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☒ No
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☒ No
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☒ No
 - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title Jung Woo Lee

Signature 

Telephone number / Email (571) 723-6141 / _____

Date signed 01/27/2015

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

BASIC APPLICATION INFORMATION**PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:**

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Kim Young J Sewage Treatment Plant

Mailing Address 10527 Belmont Boulevard, Lorton, VA 22079

Contact person Jung Woo Lee

Title Agent

Telephone number (571) 723-6141

Facility Address 10527 Belmont Boulevard, Lorton, VA 22079
(not P.O. Box)

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Overseas Pan-Korean Center

Mailing Address Same as Above

Contact person Jung Woo Lee

Title Chairperson

Telephone number (571) 723-6141

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☐ applicant**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES _____ PSD _____

UIC _____ Other VPDES VA0090026

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>10527 Belmont Boulevard</u>	<u>12</u>	<u>Separate</u>	<u>Private</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>12</u>			

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes☒ No**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- .0009
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>	
b. Annual average daily flow rate	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	mgd
c. Maximum daily flow rate	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer _____ %

☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the headworks) _____

v. Other _____

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: N/A

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name: N/A

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility.

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

Yes



No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method

continuous or

intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 10527 Belmont Boulevard
- b. Location Lorton 22079
(City or town, if applicable) (Zip Code)
Fairfax VA
(County) (State)
38 degrees 40' 12" N 77 degrees 12' 32" W
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate See Attachment VPDES Basis mgd
- f. Does this outfall have either an intermittent or a periodic discharge? ☒ Yes ☐ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: 365
- Average duration of each discharge: < 1 hour
- Average flow per discharge: .0009 mgd
- Months in which discharge occurs: ALL
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Occoquan River (Belmont Bay)
- b. Name of watershed (if known) N/A
- United States Soil Conservation Service 14-digit watershed code (if known): N/A
- c. Name of State Management/River Basin (if known): N/A
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A
- d. Critical low flow of receiving stream (if applicable):
acute N/A cfs chronic N/A cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO₃

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☐ Primary☐ Secondary☒ Advanced☐ Other. Describe:

ATU to Sand Filter to Chlorinator/Dechlorinator

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal > 96 %Design SS removal > 95 %Design P removal 0.18 mg/L (Limitation) %Design N removal > 96 %Other Dissolved O 5 mg/L (Limitation) %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall?



Yes

☐ No

- d. Does the treatment plant have post aeration?



Yes



No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: _____

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6	s.u.			
pH (Maximum)	9	s.u.			
Flow Rate	.0009	MGD	.0009	MGD	1/3M
Temperature (Winter)	N/A				
Temperature (Summer)	N/A				

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	7.5	mg/L				
	CBOD-5	N/A		7.5	mg/L	1/3m	
FECAL COLIFORM		N/A					
TOTAL SUSPENDED SOLIDS (TSS)		N/A		9.0	mg/L	1/3m	

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Jung Woo Lee

Signature

Telephone number (571) 723-6141

Date signed 01/27/2015

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO: